

10/25/2024

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1			✓			51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15		14				6	51						
16							52						
17							53						
18							54						
19							55						
20		1					56						
21							57						
22							58						
23							59						
24							60						
25							61						
26							62						
27							63						
28							64						
29							65						
30							66						
31		3					67						
32							68						
33							69						
34		3					70						
35							71						
36							72						
37		2					73						
38							74						
39		2					75						
40							76						
41		3					77						
42							78						
43		4					79						
44							80						
45							81						
46							82						
47							83						
48							84						
49							85						
50							86						
TOTAL IND.			1				87						
TOTAL DEP.			64				88						
TOTAL CLAIMS			65				89						